

Envoy Medical Systems, LP
1726 Cricket Hollow
Austin, Texas 78758

PH. 512/248-9020
IRO Certificate #4599

Fax 512/491-5145

NOTICE OF INDEPENDENT REVIEW DECISION

September 2, 2005

Re: IRO Case # M2-05-2117-01

Texas Worker's Compensation Division:

Envoy Medical Systems, LP (Envoy) has been certified as an independent review organization (IRO) by the Texas Department of Insurance and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation cases. Texas HB. 2600, Rule 133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that Worker's Compensation assign cases to certified IROs, this case was assigned to Envoy for an independent review. Envoy has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, Envoy received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a physician who is Board Certified in Physical Medicine and Rehabilitation, and who has met the requirements for the Worker's Compensation Approved Doctor List or who has been granted an exception from the ADL. He or she has signed a certification statement attesting that no known conflicts of interest exist between him or her and any of the treating physicians or providers, or any of the physicians or providers who reviewed the case for a determination prior to referral to Envoy for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the Envoy reviewer who reviewed this case, based on the medical records provided, is as follows:

Medical Information Reviewed

1. Table of disputed services
2. Denial letters
3. DDE 3/14/05, Dr. Mayorga

4. RME 10/21/04, Dr. McNeil
5. IME 3/21/04, Dr. George
6. Case review 2/8/04, Dr. Fahey
7. Medical records 9/30/03 – 6/23/05
8. Operative report and notes 11/21/03 – 7/1/05, Dr. Elbaz
9. Initial evaluation and daily notes 11/4/03 – 7/21/05, Dr. Enabnit
10. PPE reports 7/12/05, 5/14/04
11. FCE reports 7/15/05, 2/18/04, 3/23/03
12. Work conditioning progress notes

History

The patient is a 25-year-old male who injured his right knee in ____ when he was attempting to move an 80 pound bale of rubber and stepped into a hole, hitting his right knee. The patient was taken to the ER and evaluated with x-rays, which were normal. A 9/26/03 MRI suggested a tear of the posterior horn of the medial meniscus. The patient began treatment with his D.C. on 11/4/03. The patient was treated conservatively, and then referred for orthopedic evaluation. The patient underwent surgery to the right knee on 1/15/04. His post-operative course was unremarkable, except for continued pain in the right knee. A 3/14/05 DDE involving an FCE led to a recommendation of a work conditioning program. The patient attended the work conditioning program 4/25/05 – 6/8/05. Follow up evaluations on 6/15/05 and 7/10/05 found that the patient may be capable of handling heavy work demands.

Requested Service(s)

Work hardening/conditioning.

Decision

I agree with the carrier's decision to deny the requested work hardening/conditioning.

Rationale

The patient recently completed a six-week work conditioning program. This reportedly improved his strength and conditioning. The last two FCEs performed by the treating doctor rate the patient's functioning at a heavy physical demand level, despite suggestions of submaximal efforts on some of the tests. The patient continues to have pain in the right knee. Therefore, the treating doctor requested a work hardening program to address this pain. The goals of work conditioning and work hardening are to improve overall functioning and to address specific functional deficits that prevent a patient from performing his normal job duties; their goal is not to reduce pain. Therefore, work hardening is not indicated in this case.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision, a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) calendar days of your receipt of this decision (28 Tex. Admin. Code 142.5(c)).

If disputing other prospective medical necessity (preauthorization) decisions, a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) calendar days of your receipt of this decision (28 Tex. Admin. Code 142.5(c)).

This decision is deemed received by you 5 (five) days after it was mailed or the date of fax (28 Tex. Admin. Code 102.5(d)). A request for a hearing and a **copy of this decision** must be sent to:

Chief Clerk of Proceedings / Appeals Clerk
P.O. Box 17787
Austin, Texas 78744
Fax: 512-804-4011

The party appealing this decision shall deliver a copy of its written request for a hearing to other party involved in this dispute.
Sincerely,

Daniel Y. Chin, for GP

In accordance with Commission Rule 102.4 (b), I hereby certify that a copy of this Independent Review Organization (IRO) decision was sent to the carrier and the requestor or claimant via facsimile or US Postal Service from the office of the IRO on this 6th day of September 2005.

Signature of IRO Representative:

Printed Name of IRO Representative: Alice McCutcheon

Requestor: Dr. Enabnit, Attn Greg Howard, Fx 409-842-9190

Respondent: Eagle Pacific Ins./Seabright Ins., Attn Breit Robinson, Fx 832-204-3070

Texas Workers Compensation Division Fx 804-4871 Attn: